10/621549

Parent and Trademark Office, U.S. DEPARTMENT OF CO.

| | PATENT | APPL | Effect Effect | RD | 建 | | | | | | | | |
|--|--|---|------------------|---------------------------------|----------------------------------|--------------|------------------|---------|-------------------|------------------------|---------|------------------------------|------------------------|
| . CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN R SMALL ENTITY | |
| TOTAL CLAIMS | | | | 19 | | | | Г | RATE | FEE | 1 | RATE | FEE |
| FOR | | | | MUMBER FILED | | ARTHS REBURN | | 8 | ASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| TO | TOTAL CHARGEABLE CLAIMS | | | | 9 minus 20= | | • | | X\$ 9= | | OR | X\$18= | |
| INE | INDEPENDENT CLAIMS | | | | = Ecunim | | • | | X42- | | OR | X84≃ | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | Ŀ, | DY | I | +140= | | OR | +280= | |
| * If the difference in column 1 is less than zero, enter "O" in column 2 | | | | | | | | _ | TOTAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 3) | | | | | | | | | MALL | ENTITY | OR | OTHER SMALL | |
| ENTA | | CLAIMS REMAINING AFTER AMENDMENT | | | HIGH NUMB PREVIO PAID F | | PRESENT EXTRA | | RATE | ADDI- TRONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | • | 9 | Minus | -2 | 0 | • | | X\$ 9= | | OR | X\$18= | |
| | Independent | • | <u>ک</u> | Minus | | 3 | · _/ | | X42- | | OR | X84- | 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIN | | | | | | | | | •140 - | | OR | +280= | |
| • | | | | | | | | | TOTAL OIL FEE | | OR | TOTAL ADDIT FEE | |
| | 7-12-05 | (Cot | umn 1) | | (Cohun | nn 2) | (Column 3) | ~ | UII. PEE | - | | AUGH, PEE | |
| EMB | | Claims Remaining After Amendment | | HIGH NUM PREVIO PAID I | | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT B | Total | • 1 | 3 | Minus | - 2 | φ | | | X\$ 9= | | OA | X\$18= | |
| | Independent | | | Minus ••• ATIPLE DEPENDENT | | 3 ·- | | | X42- | | OR | X84° | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | 140= | | OR | +280= | |
| | Jadas | | | | | | | | | | OR | YOTAL ADDIT, FEE | |
| 2/28/06 (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| EMC | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NURSE PREVIO PAID | | BER BUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDA | Total | • / | 12 | Winus | • 2 | 20 | -0 | l F | C\$ 9= | | OR | X\$18= | |
| | Independent | • | | Mirrus see | | 3 . 0 | | | X42- | | | XB4= | |
| Ľ | FIRST PRESE | NTATIC | ON OF MI | JLTIPLE D | EPENDENT | CLAIM | | | | | OR | | |
| | .° If the entry in column 1 is less then the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +280= | |
| - | the Highest No. | mber Pri | Mousty Pe | dd for in 1 | HIS SPACE & | less the | n 30, enter *20. | ADI | TOYAL OIT. FEE | | OR | TOTAL ADDIT, PEE | |
| | If the "Highest Mu The "Highest Must | | | | | | | r tound | in the app | propriate ba | ı in ed | uma 1. | |
